

## REQUEST FOR NURSING HOME BED RESERVATION DURING RESIDENT'S TEMPORARY HOSPITALIZATION

\_\_\_\_\_  
(NAME OF FACILITY)

\_\_\_\_\_  
(ADDRESS OF FACILITY)

I certify that a bed was reserved for the following residents while they were temporarily hospitalized. At the time of hospitalization, the facility was full and a waiting list was maintained. Please authorize reimbursement in accordance with ARM 37.40.338(5).

NAME OF RESIDENT	SOCIAL SECURITY NUMBER	HOSPITALIZED		TOTAL DAYS	NAME OF HOSPITAL	APPROVED	DENIED
		FROM	TO				

\_\_\_\_\_  
(SIGNATURE OF ADMINISTRATOR / DESIGNEE & DATE)

\_\_\_\_\_  
(AUTHORIZING SIGNATURE & DATE)

### INSTRUCTIONS

Please submit original and both copies of this request to the Senior & Long-Term Care Division for review and authorization. The original, with authorization signature of approval or denial, will be returned for your records. The copies will be retained for the Department's records. Please fill in the date the resident was admitted to the hospital **and** the date of return to the facility, date of death or the date the facility releases the bed reservation. Also, please include a copy of your current waiting list.

## Bed Hold Forms

The 24-day allotment for THV's (Therapeutic Home Visits) begins July 1 and ends June 30. Submit forms to the address on the form.


It is the facility's responsibility to make sure that all forms are signed and received by the Senior and Long Term Care Division within 90 days of the first day of the resident's visit or hospitalization. Most forms will be returned to the facility within a two week time period. If you have not received your forms, you may want to call Senior and Long Term Care and make sure that the Department received your request. For more information on obtaining authorization for these services, see the *Prior Authorization and PASSPORT* chapter in this manual. If you have any questions regarding these forms call 406-444-4077 or 406-444-3997.

### ***DPHHS-SLTC-041 Request for Therapeutic Home Visits under 72 hours***

Use this form when a resident leaves the facility for under 72 hours (3 days). Complete the DPHHS-SLTC-041 monthly and send the yellow copy (or photocopy) to the Nursing Facility Services Bureau (see *Key Contacts*). In order to be reimbursed for these visits, this form must be received in our office within 90 days of the resident's first day of absence. The facility will not receive a return copy of this form unless a problem arises.

### ***DPHHS-SLTC-042 Request for Therapeutic Home Visits in excess of 72***

Use this form when a resident leaves the facility longer than 72 hours (3 days). A visit that is over 72 hours must be prior-authorized by the resident's physician and the Department **before** the resident leaves the facility. Prior authorization can be obtained by calling 406-444-3997 or 406-444-4077 or by sending the SLTC-042 to the Department before the date of departure. A prior authorization by telephone is only valid if the department also receives the DPHHS-SLTC-042 form within 90 days. If you send the DPHHS-SLTC-042 form in without prior-authorization by telephone, it must be received by the Department before the resident leaves the facility. In order to be reimbursed for these days, the form must be submitted within 90 days from the resident's first day of absence and signed by an authorized designee of the Senior and Long Term Care Division. If prior authorization is not obtained for a THV in excess of 72 hours, the entire visit will be denied and any reimbursement made for these days will be recovered. Please send in the white and yellow copies (or two photo copies). The facility will receive the white copy back with the signature of the authorized designee.



Medicaid does not pay for more than 24 THV days in a state fiscal year (July 1 - June 30).

If the resident leaves the facility unexpectedly on the weekend for a visit longer than 72 hours, you must call in on the next business day to receive prior authorization. If a resident left the facility on a visit and is unexpectedly delayed, you must telephone the Department and either get a prior authorization if the visit is going to be over 72 hours or obtain an extension for the visit. THV's cannot exceed 24 days in a period from July 1 through June 30.

### ***DPHHS-SLTC-052 Request for Bed Hold During Hospitalization***

Use this form when a Medicaid resident is temporarily receiving medical treatment in another facility (usually a hospital; not another nursing facility or swing bed), but is expected to return to the facility. This form must be submitted within 90 days of the resident's first day of absence and it must be accompanied by a current waiting list. Please send the white and yellow copies (or two photo copies) to the Department. The facility will receive the white copy back with the authorizing signature. Facilities may only bill for hospital hold days if they are currently full with a waiting list.